



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## Notice of Decision

Decision Date: October 5, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007983

[REDACTED]

Dear [REDACTED],

On September 6, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 8, 2016 disenrollment notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the NY State of Health Account ID at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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## Decision

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NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007983

[REDACTED]

## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health (NYSOH) properly determine that your enrollment in a qualified health plan ended March 31, 2016?

## Procedural History

On February 26, 2016, NYSOH received your completed application for health insurance.

On February 27, 2016, NYSOH issued an eligibility determination based upon the February 26, 2016 application, stating that that you were eligible to purchase a qualified health plan outside of the open enrollment period for 2016. Further, the notice stated that you were eligible for \$0.00 in advance premium tax credits and not eligible for cost sharing reductions. This eligibility was effective April 1, 2016.

Also on February 27, 2016, NYSOH issued an enrollment confirmation notice confirming your enrollment in a gold-level qualified health plan with a premium responsibility of \$433.70 per month and a start date of March 1, 2016.

On March 7, 2016, you updated your NYSOH account.

On March 8, 2016, NYSOH issued an eligibility determination based upon the March 7, 2016 application, stating that that you were eligible to purchase a qualified health plan outside of the open enrollment period for 2016. Further, the

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notice stated that you were eligible for \$0.00 in advance premium tax credits and not eligible for cost sharing reductions. This eligibility was effective April 1, 2016.

Also on March 8, 2016, NYSOH issued an enrollment confirmation notice confirming your enrollment in a silver-level qualified health plan at the full cost of \$408.04 per month and a start date of April 1, 2016.

Also on March 8, 2016, NYSOH issued a disenrollment notice stating that your March 7, 2016 request to end insurance coverage with your gold-level qualified health plan was processed and coverage with your gold-level qualified health plan would end effective March 31, 2016.

On March 16, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that March 8, 2016 disenrollment notice insofar as it did not terminate your coverage with the gold-level qualified health plan effective as of March 1, 2016.

On September 6, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

## **Findings of Fact**

A review of the record supports the following findings of fact:

- 1) According to your NYSOH account, you enrolled in a gold-level qualified health plan with an enrollment start date of March 1, 2016.
- 2) You testified that you made the premium payment for March 2016 on February 29, 2016.
- 3) You testified that you went to your doctor in early March 2016 and had not yet received your insurance card. At that service date, you learned that your doctor did not participate in the gold-level qualified health plan in which you had enrolled. You paid for that service visit out of pocket.
- 4) According to your NYSOH account and your testimony, you contacted NYSOH on March 7, 2016 and cancelled your gold-level qualified health plan. On that date, you also enrolled in a silver-level qualified health plan with an April 1, 2016 enrollment start date.
- 5) You are seeking to have the cancellation date of your gold-level qualified health plan effective as of March 1, 2016, and for your gold-level qualified health plan to reimburse you for the premium you paid for insurance coverage in March 2016.

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Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Enrollee-Initiated Termination of Coverage

NYSOH must permit an enrollee to terminate his or her coverage with a qualified health plan, including when an enrollee obtains minimum essential coverage, with appropriate notice to NYSOH or qualified health plan (45 CFR § 155.430(b)(1), (d)).

Reasonable notice is defined as at least fourteen days before the requested effective date of termination (45 CFR § 155.430(d)(1)(i)).

For enrollee-initiated terminations, the last day of coverage is either:

- 1) The termination date specified by the enrollee, if the enrollee provides reasonable notice (at least 14 days before the requested termination date);
- 2) Fourteen days after the enrollee requests the termination, if they do not provide reasonable notice; or
- 3) On a date on or after the date the enrollee requests the termination, if the enrollee's qualified health plan issuer and the enrollee agree to such a date

(45 CFR § 155.430(d)(2)(i)-(iii)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that your enrollment in your gold-level qualified health plan ended effective March 31, 2016.

Enrollees must be allowed to terminate their coverage with a qualified health plan if they provide appropriate notice to NYSOH or to their health plan.

You testified that you paid the premium for your gold-level qualified health plan on February 29, 2016 for insurance coverage for the month of March 2016. However, you were unable to use the coverage at all because you learned in early March 2016 that your doctor did not accept that gold-level plan. You testified that you want your gold-level qualified health plan cancelled effective as

of March 1, 2016, so that you can be reimbursed for the premium payment that you made for March 2016.

Enrollees must be allowed to terminate their coverage with a qualified health plan at the date they specify if they provide reasonable notice to the NYSOH or to their health plan. Reasonable notice is defined as at least 14 days prior to the requested termination date.

The record reflects that you contacted NYSOH to request to terminate your gold-level qualified health plan coverage on March 7, 2016. The fact that your doctor did not participate in the gold-level qualified health plan you selected is not relevant to this decision. Therefore, NYSOH properly terminated your insurance coverage with your gold-level health plan effective as of March 31, 2016, which is the last day of the month following your request. Based on the timeframes outlined in the regulation for enrollee-initiated termination, your gold-level qualified health plan coverage could not end any earlier than March 31, 2016, as the regulation does not allow for enrollees to request retroactive termination.

NYSOH's March 8, 2016 disenrollment notice is AFFIRMED.

## **Decision**

The March 8, 2016 disenrollment notice is AFFIRMED.

**Effective Date of this Decision:** October 5, 2016

## **How this Decision Affects Your Eligibility**

Your coverage through your gold-level qualified health plan ended effective March 31, 2016.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

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Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the U.S. Department of Health and Human Services. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

### **If You Have Questions about this Decision (Customer Service Resources):**

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The March 8, 2016 disenrollment notice is **AFFIRMED**.

Your coverage through your gold-level qualified health plan ended effective March 31, 2016.

### **Legal Authority**

We are sending you this notice in accordance with 45 CFR § 155.545.

**A Copy of this Decision Has Been Provided To:**

